

APPLICATION DATA SHEET

APPLICATION INFORMATION

Application Type:: REGULAR
Subject Matter:: UTILITY
CD-ROM or CD-R?:: NONE
Title:: ANALGESIC AGENT
Attorney Docket Number:: 244826US0CONT
Total Drawing Sheets:: 2

INVENTOR INFORMATION

Applicant Authority Type:: INVENTOR
Primary Citizenship Country:: JAPAN
Status:: FULL CAPACITY
Given Name:: Motoyuki
Family Name:: NAKAMURA
City of Residence:: Kitaibaraki-Shi
State or Province of Residence:: Ibaraki-Ken
Country of Residence:: JAPAN
Street of Mailing Address:: A-101, Oak Court Omori, 5-26,
Isoharacho-Isohara
City of Mailing Address:: Kitaibaraki-Shi
State or Province of Mailing Address:: Ibaraki-Ken
Country of Mailing Address:: JAPAN

Applicant Authority Type:: INVENTOR
Primary Citizenship Country:: JAPAN
Status:: FULL CAPACITY
Given Name:: Toyokichi
Family Name:: YOSHIZAWA
City of Residence:: Kitaibaraki-Shi
State or Province of Residence:: Ibaraki-Ken
Country of Residence:: JAPAN
Street of Mailing Address:: 1-1-8, Otsucho-Kitacho
City of Mailing Address:: Kitaibaraki-Shi
State or Province of Mailing Address:: Ibaraki-Ken
Country of Mailing Address:: JAPAN

Applicant Authority Type::	INVENTOR
Primary Citizenship Country::	CHINA
Status::	FULL CAPACITY
Given Name::	Yu-Ming
Family Name::	CHI
City of Residence::	Kitaibaraki-Shi
State or Province of Residence::	Ibaraki-Ken
Country of Residence::	JAPAN
Street of Mailing Address::	5-102, Isoharacho-Isohara
City of Mailing Address::	Kitaibaraki-Shi
State or Province of Mailing Address::	Ibaraki-Ken
Country of Mailing Address::	JAPAN
Applicant Authority Type::	INVENTOR
Primary Citizenship Country::	JAPAN
Status::	FULL CAPACITY
Given Name::	Toshihiro
Family Name::	NOHARA
City of Residence::	Kumamoto-Shi
State or Province of Residence::	Kumamoto-Ken
Country of Residence::	JAPAN
Street of Mailing Address::	2-41-4, Nagaminehigashi
City of Mailing Address::	Kumamoto-Shi
State or Province of Mailing Address::	Kumamoto-Ken
Country of Mailing Address::	JAPAN
Applicant Authority Type::	INVENTOR
Primary Citizenship Country::	JAPAN
Status::	FULL CAPACITY
Given Name::	Shinobu
Family Name::	SAKURADA
City of Residence::	Sendai-Shi
State or Province of Residence::	Miyagi-Ken
Country of Residence::	JAPAN
Street of Mailing Address::	7-3-1, Takamori, Izumi-Ku
City of Mailing Address::	Sendai-Shi
State or Province of Mailing Address::	Miyagi-Ken
Country of Mailing Address::	JAPAN

CORRESPONDENCE INFORMATION

Correspondence Customer Number:: 22850

REPRESENTATIVE INFORMATION

Representative Customer Number:: 22850

DOMESTIC PRIORITY INFORMATION

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	Continuation of	09/765,425	01/22/01

FOREIGN PRIORITY INFORMATION

Application Number:	Country::	Filing Date::	Priority Claimed::
2000-013449	Japan	01/21/00	YES

ASSIGNMENT INFORMATION

Assignee Name:: Seiwa Pharmaceuticals, Ltd.
Street of Mailing Address:: 12-15, Shibadaimon 1-Chome, Minato-ku
City of Mailing Address:: Tokyo-To
Country of Mailing Address:: JAPAN